

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 19
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Kidney Care Council Political Action Committee

A.	Full Name (Last, First, Middle Initial) Jim Tarwater, Jr.		Date of Receipt MM / DD / YYYY 05 / 18 / 2010		
	Mailing Address 3226 Nolen Lane Suite 300		Transaction ID: SA11AI.4997		
	City Franklin	State TN	Zip Code 37064	Amount of Each Receipt this Period 650.00	
	FEC ID number of contributing federal political committee. C		Individual contribution		
	Name of Employer Renal Advantage Inc.	Occupation VP, Information Systems		Aggregate Year-to-Date 650.00	

B.	Full Name (Last, First, Middle Initial) Cheryl Veilleux		Date of Receipt MM / DD / YYYY 05 / 18 / 2010		
	Mailing Address 1480 Noell Blvd		Transaction ID: SA11AI.5011		
	City Palm Harbor	State FL	Zip Code 34683	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C		Individual contribution		
	Name of Employer Renal Advantage, Inc.	Occupation Regional Officer		Aggregate Year-to-Date 300.00	

C.	Full Name (Last, First, Middle Initial) Milton Wallace		Date of Receipt MM / DD / YYYY 04 / 01 / 2010		
	Mailing Address 1111 Brickell Avenue #2150		Transaction ID: SA11AI.4987		
	City Miami	State FL	Zip Code 33131	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C		Individual contribution		
	Name of Employer Renal Care Partners, Inc.	Occupation Chairman		Aggregate Year-to-Date 2000.00	

SUBTOTAL of Receipts This Page (optional)	▶	1950.00
TOTAL This Period (last page this line number only)	▶	